FOR OHF USE

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2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2005)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0011593

Facility Name: Mendota Lutheran Home

Address: 500 6th Street (Number) Mendota (City) 61342 (Zip Code)

County: LaSalle

Telephone Number: (815) 539-7439 **Fax #** (815) 538-3400

IDPA ID Number: 362212706001

Date of Initial License for Current Owners: 1952

Type of Ownership:

- [X] VOLUNTARY,NON-PROFIT
  - [X] Charitable Corp.
  - [ ] Trust
- [ ] PROPRIETARY
  - [ ] Individual
  - [ ] Partnership
  - [ ] Corporation
  - [ ] "Sub-S" Corp.
  - [ ] Limited Liability Co.
  - [ ] Trust
  - [ ] Other
- [ ] GOVERNMENTAL
  - [ ] State
  - [ ] County
  - [ ] Other

IRS Exemption Code 501 (c) 3

In the event there are further questions about this report, please contact:
Name: Chris S. Csernus **Telephone Number:** (815) 539-7439

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/05 to 12/31/05 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)

(Type or Print Name) Chris S Csernus

(Title) Administrator

Paid Preparer

(Signed) _____ (Date)

(Print Name and Title) Carrie E. Echols, President

(Firm Name & Address) Echols & Liss, PC, 609 Main Street, Ste B, Mendota IL 61342

(Telephone) (815) 539-5666 Fax # (815) 539-5665

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	43	Skilled (SNF)	43	15,695	1
2		Skilled Pediatric (SNF/PED)			2
3	76	Intermediate (ICF)	76	27,740	3
4		Intermediate/DD			4
5	14	Sheltered Care (SC)	14	5,110	5
6		ICF/DD 16 or Less			6
7	133	TOTALS	133	48,545	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	469	2,075		2,544	8
9	SNF/PED					9
10	ICF	11,798	18,029		29,827	10
11	ICF/DD					11
12	SC	0	1,913		1,913	12
13	DD 16 OR LESS					13
14	TOTALS	12,267	22,017		34,284	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 70.62%

D. How many bed-hold days during this year were paid by the Department?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 12/02/1953

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 15 and days of care provided 2,544

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: _____ Fiscal Year: _____

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	282,016	44,620	6,183	332,819		332,819		332,819			1
2	Food Purchase		293,223		293,223		293,223	(11,449)	281,774			2
3	Housekeeping	101,695	23,716		125,411		125,411		125,411			3
4	Laundry	73,352	10,224		83,576		83,576		83,576			4
5	Heat and Other Utilities			129,566	129,566		129,566	(1,335)	128,231			5
6	Maintenance	65,191	14,765	16,136	96,092		96,092	(632)	95,460			6
7	Other (specify):*											7
8	**TOTAL General Services**	522,254	386,548	151,885	1,060,687		1,060,687	(13,416)	1,047,271			8
	B. Health Care and Programs											
9	Medical Director			9,600	9,600		9,600		9,600			9
10	Nursing and Medical Records	2,028,867	104,639	297,838	2,431,344		2,431,344		2,431,344			10
10a	Therapy											10a
11	Activities	80,343	5,196	3,406	88,945		88,945		88,945			11
12	Social Services	49,010	213	883	50,106		50,106		50,106			12
13	CNA Training		9,437	63	9,500		9,500	(4,950)	4,550			13
14	Program Transportation			4,173	4,173		4,173	(1,050)	3,123			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,158,220	119,485	315,963	2,593,668		2,593,668	(6,000)	2,587,668			16
	C. General Administration											
17	Administrative	75,178		22,013	97,191		97,191		97,191			17
18	Directors Fees											18
19	Professional Services			24,919	24,919		24,919	(365)	24,554			19
20	Dues, Fees, Subscriptions & Promotions			46,825	46,825		46,825	(21,588)	25,237			20
21	Clerical & General Office Expenses	143,605	10,450	11,544	165,599		165,599	(215)	165,384			21
22	Employee Benefits & Payroll Taxes			628,299	628,299		628,299		628,299			22
23	Inservice Training & Education			3,026	3,026		3,026		3,026			23
24	Travel and Seminar			5,314	5,314		5,314		5,314			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			153,909	153,909		153,909	(276)	153,633			26
27	Other (specify):*			12,894	12,894		12,894	(6,835)	6,059			27
28	**TOTAL General Administration**	218,783	10,450	908,743	1,137,976		1,137,976	(29,279)	1,108,697			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	2,899,257	516,483	1,376,591	4,792,331		4,792,331	(48,695)	4,743,636			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Mendota Lutheran Home #0011593 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			266,215	266,215		266,215	(2,195)	264,020			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes			4,152	4,152		4,152	(4,152)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			13,357	13,357		13,357		13,357			35
36	Other (specify):*											36
37	**TOTAL Ownership**			283,724	283,724		283,724	(6,347)	277,377			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			309,416	309,416		309,416		309,416			39
40	Barber and Beauty Shops			23,393	23,393		23,393	(23,393)				40
41	Coffee and Gift Shops			3,515	3,515		3,515	(3,515)				41
42	Provider Participation Fee			65,153	65,153		65,153		65,153			42
43	Other (specify):*			28,809	28,809		28,809	6,835	35,644			43
44	**TOTAL Special Cost Centers**			430,286	430,286		430,286	(20,073)	410,213			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,899,257	516,483	2,090,601	5,506,341		5,506,341	(75,115)	5,431,226			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	11,449	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	365	19		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	19,829	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees	4,950	13		27
28	Yellow Page Advertising	1,759	20		28
29	Other-Attach Schedule	43,598			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ 81,950		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 81,950		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Mendota Lutheran Home

ID# 0011593

Report Period Beginning: 01/01/05

Ending: 12/31/05

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Rental Utilities	$ 1335	5	1
2	Rental Repairs/mgmt	632	6	2
3	Rental Insurance	276	26	3
4	Rental Depreciation	1931	30	4
5	Rental Prop Taxes	4152	33	5
6	Reim Van Usage	1050	14	6
7	Reim Copy fees	215	21	7
8	Barber/Beauty Shop	23393	40	8
9	Gift Shop	3515	41	9
10	Bequest Expense	6835	43	10
11	Non care asset Depr	264	30	11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	43,598		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Mendota Lutheran Home # 0011593 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	11,449	0	0	0	0	0	0	0	0	0	0	11,449	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	1,335	0	0	0	0	0	0	0	0	0	0	1,335	5
6	Maintenance	632	0	0	0	0	0	0	0	0	0	0	632	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	13,416	0	0	0	0	0	0	0	0	0	0	13,416	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	4,950	0	0	0	0	0	0	0	0	0	0	4,950	13
14	Program Transportation	1,050	0	0	0	0	0	0	0	0	0	0	1,050	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	6,000	0	0	0	0	0	0	0	0	0	0	6,000	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	365	0	0	0	0	0	0	0	0	0	0	365	19
20	Fees, Subscriptions & Promotions	21,588	0	0	0	0	0	0	0	0	0	0	21,588	20
21	Clerical & General Office Expenses	215	0	0	0	0	0	0	0	0	0	0	215	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	276	0	0	0	0	0	0	0	0	0	0	276	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	22,444	0	0	0	0	0	0	0	0	0	0	22,444	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	41,860	0	0	0	0	0	0	0	0	0	0	41,860	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number Mendota Lutheran Home **#** 0011593 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	2,195	0	0	0	0	0	0	0	0	0	0	2,195	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	4,152	0	0	0	0	0	0	0	0	0	0	4,152	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	6,347	0	0	0	0	0	0	0	0	0	0	6,347	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	23,393	0	0	0	0	0	0	0	0	0	0	23,393	40
41	Coffee and Gift Shops	3,515	0	0	0	0	0	0	0	0	0	0	3,515	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	6,835	0	0	0	0	0	0	0	0	0	0	6,835	43
44	**TOTAL Special Cost Centers**	33,743	0	0	0	0	0	0	0	0	0	0	33,743	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	81,950	0	0	0	0	0	0	0	0	0	0	81,950	45

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$	$ *	14

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$	$			$	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$	$			$	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ N/A Line # N/A

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Mendota Lutheran Home # 0011593 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2004 report.	***Important*** **,** please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$ 4,021	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$ 3,987	2
3. Under or (over) accrual (line 2 minus line 1).		$ (34)	3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 4,186	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 4,152	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2000	3,368	8
	2001	3,706	9
	2002	3,946	10
	2003	3,829	11
	2004	3,987	12

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2004	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Mendota Lutheran Home COUNTY LaSalle

FACILITY IDPH LICENSE NUMBER 0011593

CONTACT PERSON REGARDING THIS REPORT Chris S Csernus

TELEPHONE (815) 539-7439 FAX #: (815) 538-3400

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	01-33-232-021	Rental house and lot	$ 3,668.50	$
2.	EN5-110-30	Oil Well (gifted to home in bequest)	$ 318.25	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 3,986.75	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 69,665 B. General Construction Type: Exterior Brick Frame Brick & Steel Number of Stories One Story

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Building site	63,000	1951-1975	$ 82,752	1
2	Building site	53,760	1993	348,949	2
3	TOTALS	116,760		$ 431,701	3

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	14		1962	1964	$ 264,584	$ 430	various	$ 430	$	$ 264,584	4
5	45		1971	1971	472,968		various			472,968	5
6	31		1975	1975	595,519	19,820	various	19,820		595,519	6
7			1976	1976	280,167	9,339	30	9,339		275,473	7
8	43		1995	1995	2,607,338	66,174	various	66,174		688,368	8
	Improvement Type**										
9	Night lights & door alarm			1971	1,244					1,244	9
10	Landscaping			1971	6,835					6,835	10
11	Bath tub ramp			1972	226					226	11
12	North entry alteration			1974	1,207					1,207	12
13	Emergency lights			1974	980					980	13
14	Emergency lights			1975	626					626	14
15	Landscaping			1976	1,086					1,086	15
16	Parking lot improvements			1977	3,177					3,177	16
17	Sprinkler system			1978	14,160					14,160	17
18	Water heater			1984	4,111					4,111	18
19	Cove molding			1985	2,457	98		98		2,045	19
20	Nure call lights			1985	2,267					2,267	20
21	Heating system rev.			1985	11,343	49		49		11,343	21
22	Examination room			1985	5,869	195		195		4,031	22
23	Water heater booster			1985	782					782	23
24	Air conditioner / furnace			1986	3,552	177		177		3,452	24
25	Water heater			1986	773					773	25
26	Replace roof			1987	98,780	4,939		4,939		92,195	26
27	Phone system			1987	3,811	190		190		3,449	27
28	Cupboards			1987	303	15		15		281	28
29	Water heater - kitchen			1988	2,805					2,805	29
30	Rebuild elevator			1988	19,831	991		991		17,686	30
31	Basement room			1988	529	26		26		454	31
32	Egress window			1989	810	31		31		513	32
33	Phase monitor			1989	348	17		17		284	33
34	Water heater			1989	1,298	55		55		1,298	34
35	Soffits and gutters			1989	9,890	380		380		6,273	35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Water heaters	1989	$ 2,681	$ 25	16	$ 25	$	$ 2,681	37
38	Harris lounge light fixtures	1990	2,089		10			2,089	38
39	Replace roof south unit	1990	33,700	1,685	20	1,685		25,977	39
40	Getz hood	1990	870	43	20	43		696	40
41	Tub room	1990	3,478	116	30	116		1,837	41
42	Code alert system	1990	17,344	195	15	195		17,344	42
43	Office electrical wiring	1990	1,283	64	20	64		972	43
44	Ceiling in office / louge	1990	5,181	199	26	199		2,995	44
45	Medication room	1991	18,286	610	30	610		9,147	45
46	Fire alarm system	1991	14,683	734	20	734		10,583	46
47	Doors monitor & nurse call	1991	2,971	198	15	198		2,773	47
48	Water heaters	1991	2,776	185	15	185		2,698	48
49	Shower room remodeling	1991	3,362	112	30	112		1,624	49
50	Black top parking lot	1991	3,180	212	15	212		3,056	50
51	Fire door in serving window	1993	3,373	211	16	211		2,865	51
52	Air conditioner compressor	1993	2,482		10			2,482	52
53	Air conditioner compressor	1993	2,072	138	10	138		1,715	53
54	Radiator covers	1993	6,405	320	20	320		4,002	54
55	Parking lot improvements	1994	1,962	83	10	83		2,045	55
56	Renovation of south unit	1994	4,551	228	20	228		2,638	56
57	Cross connecting corrections	1994	10,878	544	20	544		6,255	57
58	Parking lot	1994	141,458	9,431	15	9,431		105,310	58
59	Pressure back flow device	1995	5,567	223	25	223		2,414	59
60	South unit - laundry remodeling	1995	9,165	458	20	458		4,720	60
61	Landscaping	1996	2,841	142	10	142		2,770	61
62	Fence - west wing	1996	2,288		8			2,288	62
63	Water heater	1996	1,208	81	15	81		800	63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 4,725,810	$ 119,163		$ 119,163	$	$ 2,705,271	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 4,725,810	$ 119,163		$ 119,163	$	$ 2,705,271	1
2	Lights in office	1996	2,632	132	20	132		1,306	2
3	2' water meter - west wing	1996	895	45	20	45		437	3
4	Light fixtures upstairs	1996	1,168	58	20	58		564	4
5	Vent in oxygen storage room	1996	685	46	20	46		442	5
6	Light fixture - dining room	1996	2,919	146	15	146		1,399	6
7	Ceiling tile - dining room	1996	982	65	20	65		621	7
8	Lights - rooms & hall center unit	1997	27,704	2,770	15	2,770		24,472	8
9	9Zonline heater/air conditioners	1997	6,299	630	10	630		5,301	9
10	Remodel/refurbish rooms & hall	1997	50,949	3,397	10	3,397		27,457	10
11	Fire annunciator panel	1997	2,718	181	15	181		1,464	11
12	Remodel nurses station	1997	13,762	917	15	917		7,339	12
13	Lights - rooms & hall north unit	1997	18,469	1,847	15	1,847		16,314	13
14	Water heater	1997	4,210	281	10	281		2,316	14
15	Remodel refurbish rooms & hall north unit	1997	53,073	3,538	15	3,538		28,600	15
16	Fire annunciator panel	1997	2,717	181	15	181		1,464	16
17	Windows & ceiling tile	1997	3,261	163	15	163		1,386	17
18	Corner guards	1997	473	47	20	47		413	18
19	Landscape garage	1997	200	20	10	20		170	19
20	Handicap sidewalk pad	1997	1,242	83	10	83		697	20
21	Garage for van	1997	19,744	987	15	987		8,308	21
22	Petroleum tank removal	1998	6,656	444	20	444		3,476	22
23	Windows south unit	1998	10,393	1,039	15	1,039		7,795	23
24	Windows & doors center unit	1998	9,632	963	10	963		7,224	24
25	Lights, handrails & carpet	1998	16,378	1,638	10	1,638		12,284	25
26	New roof	1998	151,886	15,189	10	15,189		113,915	26
27	Code alert system	1998	35,360	3,536	10	3,536		26,519	27
28	Smoke alarms	1998	4,718	472	10	472		3,538	28
29	Fire alarm systems upgrade	1998	6,902	690	10	690		5,176	29
30	Air conditioners	1998	6,299	630	10	630		4,724	30
31	Water heater - west wing	1998	4,197	280	15	280		2,099	31
32	Light north unit	1998	4,061	406	10	406		3,046	32
33	Water softner - west wing	1998	6,213	621	10	621		4,659	33
34	TOTAL (lines 1 thru 33)		$ 5,202,607	$ 160,605		$ 160,605	$	$ 3,030,196	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 5,202,607	$ 160,605		$ 160,605	$	$ 3,030,196	1
2	Outdoor wiring & installation	1999	10,529	526	20	526		3,597	2
3	Firesafing drywall	1999	27,134	1,809	15	1,809		11,758	3
4	Air conditioners	1999	1,899	190	10	190		1,234	4
5	Computer wiring	1999	2,154	108	20	108		673	5
6	Cabinet & Carpentry work	1999	10,239	683	15	683		4,438	6
7	Plumbing campbell lounge	1999	3,287	164	20	164		1,068	7
8	Electrical fixtures campbell lounge	1999	1,014	101	10	101		658	8
9	New drains south unit	2000	3,159	158	20	158		869	9
10	Water heater center unit	2000	7,933	793	10	793		4,363	10
11	Water heaters & plumbing	2000	2,141	214	10	214		1,177	11
12	Water valve west wing	2000	1,027	51	20	51		291	12
13	Roof replacement north unit	2001	167,190	8,360	20	8,360		44,136	13
14	Water heater north unit	2001	4,298	430	10	430		34,135	14
15	Replace faucets north unit	2001	3,162	316	10	316		1,934	15
16	Sign	2001	2,010	201	10	201		905	16
17	Admin renovation & computer room	2001	2,337	234	10	234		1,052	17
18	Remodeling assisted living area	2001	77,634	3,882	20	3,882		18,624	18
19	Remodeling assisted living area	2001	36,991	3,699	10	3,699		16,646	19
20	Water heater	2001	382	38	10	38		172	20
21	Central wing lounge expansion	2001	56,596	2,830	20	2,830		12,263	21
22	Install eyewash station	2001	1,962	196	10	196		882	22
23	Building construction - continued from pg 12	1983	65,250	2,175	30	2,175		50,025	23
24	Bathroom flooring	2002	2,127	213	10	213		745	24
25	Remodeling & repair	2002	4,053	405	10	405		1,418	25
26	Roof top heating / cooling unit	2002	4,445	445	10	445		1,555	26
27	Dirt & seeding	2002	1,000	100	10	100		350	27
28	Water heater	2002	4,505	451	10	451		1,577	28
29	Landscaping	2002	6,822	341	20	341		1,165	29
30	Exenon heating and air conditioning system	2003	2,984	298	10	298		746	30
31	Exenon heating and air conditioning system	2003	2,984	298	10	298		746	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 5,719,855	$ 190,314		$ 190,314	$	$ 3,249,398	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 5,719,855	$ 190,314		$ 190,314	$	$ 3,249,398	1
2	PIV Supervisory Switch	2004	1,446	145	10	145		217	2
3	Condenser/Air Handler, Expansion Valve	2004	8,606	430	10	430		4,948	3
4	New gas dryer	2004	3,414	342	10	342		512	4
5	Kronos Payroll System	2004	23,494	2,349	5	2,349		7,047	5
6	Therm Unit Portable Sure Temp & Cover	2004	910	91	10	91		136	6
7	(2) Recliners	2004	1,350	135	10	135		203	7
8	Water Meter repair chamber assembly labor	2004	1,386	138	10	138		208	8
9	Food Processor, Bowl & Blades	2004	1,253	125	10	125		188	9
10	Garbage Disposal	2004	814	81	10	81		122	10
11	Washer60# 7-Speed FRT/Equip,Del/Machine mover & install	2004	8,918	892	10	892		1,338	11
12	Diagnostics/call charge $249.00 Hydrosound Model rebuilt	2004	2,739	671	7	671		1,062	12
13	Carpet for breakroom	2005	622	124	5	124		31	13
14	Countertops breakroom	2005	1,209	35	27.5	35		60	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 5,776,016	$ 195,872		$ 195,872	$	$ 3,265,470	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 671,799	$ 64,064	$ 64,064	$		$ 498,055	71
72	Current Year Purchases	33,325	4,084	4,084			4,084	72
73	Fully Depreciated Assets	510,225					410,225	73
74								74
75	TOTALS	$ 1,215,349	$ 68,148	$ 68,148	$		$ 912,364	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Resident Van	1993 Ford 8 Passenger Van	1993	$ 38,350	$	$	$	5	$ 38,350	76
77	Resident Van	1998 Dodga Caravan SE	1999	16,593				4	16,593	77
78										78
79										79
80	TOTALS			$ 54,943	$	$	$		$ 54,943	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 7,478,009	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 264,020	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 264,020	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 4,232,777	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	House & Lot 04/15/90	$ 55,710	$ 1,931	$ 30,253	86
87	Tree of Life 1995	10,561	264	2,748	87
88					88
89					89
90					90
91	TOTALS	$ 66,271	$ 2,195	$ 33,001	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2006	$
13.	/2007	$
14.	/2008	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☒ NO
16. Rental Amount for movable equipment: $ Description: MITA copiers are leased from Modern Business Systems, Ottawa, IL
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [X] YES
   - [ ] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM: [X]
   - IN OTHER FACILITY: [ ]
   - COMMUNITY COLLEGE: [ ]
   - HOURS PER CNA: 118

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM: [X]
   - IN OTHER FACILITY: [X]
   - HOURS PER CNA: 44

B. EXPENSES

ALLOCATION OF COSTS (d)

		1 Facility Drop-outs	2 Facility Completed	3 Contract	4 Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)		1,414		1,414
4	Clinical Wages (b)		847		847
5	In-House Trainer Wages (c)		399		399
6	Transportation		5,702		5,702
7	Contractual Payments				
8	CNA Competency Tests		600		600
9	TOTALS	$	$ 8,962	$	$ 8,962
10	SUM OF line 9, col. 1 and 2 (e)	$ 8,962			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$ 450

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	11
2. From other facilities (f)	1
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	12

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	$		$	$		$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			$		$	$		$	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

Facility Name & ID Number Mendota Lutheran Home # 0011593 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/05 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 870,536	$	1
2	Cash-Patient Deposits	1,727		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	385,296		3
4	Supply Inventory (priced at)	45,650		4
5	Short-Term Investments			5
6	Prepaid Insurance	53,901		6
7	Other Prepaid Expenses	8,733		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Interest Receivable	10,683		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,376,526	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	2,031,228		12
13	Land	437,201		13
14	Buildings, at Historical Cost	5,776,016		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,331,063		16
17	Accumulated Depreciation (book methods)	(4,265,778)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 5,309,730	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 6,686,256	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 113,087	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	1,727		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	111,052		30
31	Accrued Taxes Payable (excluding real estate taxes)	33,066		31
32	Accrued Real Estate Taxes(Sch.IX-B)	4,186		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 263,118	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 263,118	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 6,423,064	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 6,686,182	$	48

***(See instructions.)**

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 6,185,606	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 6,185,606	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	237,458	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 237,458	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 6,423,064	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 5,108,944	1
2	Discounts and Allowances for all Levels	(106,364)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,002,580	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	60	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 60	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	4,950	11
12	Gift and Coffee Shop	4,219	12
13	Barber and Beauty Care	23,336	13
14	Non-Patient Meals	11,449	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 43,954	23
	D. Non-Operating Revenue		
24	Contributions	583,123	24
25	Interest and Other Investment Income***	104,346	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 687,469	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other Revenue	9,736	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 9,736	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 5,743,799	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,060,687	31
32	Health Care	2,593,668	32
33	General Administration	1,137,976	33
	B. Capital Expense		
34	Ownership	283,724	34
	C. Ancillary Expense		
35	Special Cost Centers	365,133	35
36	Provider Participation Fee	65,153	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 5,506,341	40
41	**Income before Income Taxes (line 30 minus line 40)****	237,458	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 237,458	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

**** **Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,960	2,080	$ 53,362	$ 25.65	1
2	Assistant Director of Nursing	1,560	2,080	39,551	19.01	2
3	Registered Nurses	10,855	11,903	260,474	21.88	3
4	Licensed Practical Nurses	16,591	17,991	346,301	19.25	4
5	CNAs & Orderlies	92,151	99,871	1,099,780	11.01	5
6	CNA Trainees	171	171	1,255	7.34	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,509	6,040	86,585	14.34	8
9	Activity Director	1,871	2,083	22,095	10.61	9
10	Activity Assistants	9,585	10,391	77,913	7.50	10
11	Social Service Workers	4,745	5,276	49,345	9.35	11
12	Dietician					12
13	Food Service Supervisor	1,960	2,080	29,783	14.32	13
14	Head Cook	10,752	11,828	110,856	9.37	14
15	Cook Helpers/Assistants	18,345	19,290	138,767	7.19	15
16	Dishwashers	754	757	5,118	6.76	16
17	Maintenance Workers	4,966	5,167	65,015	12.58	17
18	Housekeepers	11,133	12,283	97,028	7.90	18
19	Laundry	8,629	9,175	67,234	7.33	19
20	Administrator	2,000	2,080	75,533	36.31	20
21	Assistant Administrator					21
22	Other Administrative	1,960	2,080	38,501	18.51	22
23	Office Manager					23
24	Clerical	10,061	10,907	104,988	9.63	24
25	Vocational Instruction	232	232	4,570	19.70	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	6,773	7,497	118,015	15.74	31
32	Other Health Care(specify)					32
33	Other(specify) Chaplain	381	381	7,188	18.87	33
34	TOTAL (lines 1 - 33)	222,944	241,643	$ 2,899,257 *	$ 12.00	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	156	$ 6,183	line 1 col 3	35
36	Medical Director	128	9,600	line 9 col 3	36
37	Medical Records Consultant	30	1,500	line 10 col 3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	140	1,213	line 10 col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	36	2,394	line 11 col 3	44
45	Social Service Consultant	14	883	line 12 col 3	45
46	Other(specify)	4	63	line 13 col 3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	508	$ 21,836		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	1,991	$ 85,107	line 10 col 3	50
51	Licensed Practical Nurses	3,179	106,918	line 10 col 3	51
52	Certified Nurse Assistants/Aides	4,620	96,988	line 10 col 3	52
53	TOTAL (lines 50 - 52)	9,790	$ 289,013		53

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Chris S Csernsus	Administrator		$ 75,178
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 75,178

B. Administrative - Other

Description	Amount
See Schedule Attached	$ 22,013
TOTAL (agree to Schedule V, line 17, col. 3)	$ 22,013
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Quickbooks	support	$ 471
Bokus & Echols	reporting, audt, support	5,495
Dept of Financial and Profess.	professional	100
Lindgren Callihan VanOsdol	audit	7,500
Wessels & Pautsch, PC	legal	10,988
Illinois Depart. Emply Sec.	late filing fee	365
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 24,919

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 152,262
Unemployment Compensation Insurance	
FICA Taxes	212,017
Employee Health Insurance	229,694
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Physicals	675
Employee incentives	7,019
Employer share of 401K	26,632
TOTAL (agree to Schedule V, line 22, col.8)	$ 628,299

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 2,330
Advertising: Employee Recruitment	15,187
Health Care Worker Background Check	550
(Indicate # of checks performed)	
Membership dues	6,179
Subscriptions	1,021
Public Relations Adv & Printing	21,558
Less: Public Relations Expense	(8,829)
Non-allowable advertising	(11,000)
Yellow page advertising	(1,759)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 25,237

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	3,538
Seminar Expense	1,776
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 5,314

**See instructions.

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/05 Ending: 12/31/05

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Mendota Lutheran Home # 0011593 **Report Period Beginning:** 01/01/05 **Ending:** 12/31/05

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **See Schedule**

(3) Did the nursing home make political contributions or payments to a political action organization? **No** If YES, have these costs been properly adjusted out of the cost report?

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **NO** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **7**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **33,984** Line **10 col 2**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **65,153**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **Yes** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **None** Has any meal income been offset against related costs? **Yse** Indicate the amount. $ **8,377**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **100%**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **None**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **Lindgren, Callihan, VanOsdol & Co., Ltd** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.

IDPH Facility ID Number: 11593 Mendota Lutheran Home Report Period 01/01/05 - 12/31/05

Schedule V Line 27 Column 3

Drug testing	2675
Restricted gift expense	6835
Computer expense	3384
	12894

Schedule V Line 43 Column 3

Radiology Expense	3240
Laboratory Expense	25569
	28809

Schedule XIII (f) Expenses Relating to Nurse Aid Training

Nurses aides trained at our facility for other homes:

Heritage Manor 1201 1st Ave., Mendota, IL 61342

Item e: The cost of dropouts and completed costs for home trained aides does not agree with Schedule V, line 13 col 8 because the home receives reimbursement from the IDPA for in house training of nurses aides. See schedule XVII for total Nurses Aide training reimbursements of $ 4,950.

Schedule XVII Income Statement - Section E line 28 - Other Revenue

	Offset to expense		
Van usage income	Page 3	Line 14	1050
Copy Charges	Page 3	Line 21	215
Vending machine income			1589
Rental property income			5200
Silent Auction			893
Nursing home cookout revenue			759
Recycling proceeds			30
			9736

IDPH Facility ID Number: 11593 Mendota Lutheran Home Report Period 01/01/05 - 12/31/05

Schedule XII - Rental Costs

Detail of leased equipment

MITA 3060 G Copy machine	$2,220 plus copies
MITA CS 1435 Copy machine	$780 plus copies
MITA 1460 Copy machine	$882 plus copies
MITA 1470 Copy machine	$882 plus copies

Copy machines are leased from:

Modern Business Services
PO Box 754
Ottawa, IL 61350

Schedule XIX - Support Schedules

Travel & Seminar Expense -Page 21 Item G refer to Page 27

B. Admistrative Other

Quickcare Financial	2115
Duane Morris	8309
Interlate Systems, Inc	4750
Revere Healthcare	4320
Wessels & Pautsch PC	2519
	22013

Schedule XX - General Information

Question 2 - General information

Life Services Network $ 5,649

Question 12 - Schedule of allocation of salaries refer to Page 26